

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 201
Registered No. _____

1. PLACE OF BIRTH

County Gila State _____
Township _____ or Village _____
City Winkelman No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Fernando Bracy Jr (If child is not yet named, make supplemental report as directed)

3. Sex Male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth Oct 30, 1930
(Month, day, year)

9. Full name of FATHER Frank Bracy 18. Full maiden name of MOTHER Victoria Valdez

10. Residence (usual place of abode) (If nonresident, give place and State) Winkelman 19. Residence (usual place of abode) (If nonresident, give place and State) Winkelman

11. Color or race Mex 12. Age at last birthday 24 (Years) 20. Color or race Mex 21. Age at last birthday 27 (Years)

13. Birthplace (city or place) (State or country) Amora Mex 22. Birthplace (city or place) (State or country) Amora Mex

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour 23. Trade, profession, or particular kind of work done, as housewife, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper smelter 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wife

16. Date (month and year) last engaged in this work Oct 30, 1930 17. Total time (years) spent in this work 6 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 0

28. If stillborn, period of gestation _____ {months or weeks} 29. Cause of stillbirth _____ {Before labor or During labor}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 1:20 m. on the date above stated (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles B. Heston M.D.

Given name added from a supplemental report _____ (Date of) _____

or _____ Midwife Address _____

Filed Nov 8, 1930 P. J. Hutton Registrar.

628-1030-559